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ABSTRACT

Comparisons between individuals who attempt suicide and those who complete suicide have shown that the two groups are not necessarily from the same population. Similar comparisons have not been reported between attempters and individuals who voice thoughts of suicide but make no overt attempt (ideators). Since therapists are commonly required to deal with both suicide ideators and suicide attempters, it is therapeutically relevant to question whether such individuals should be approached differently. To address this issue, suicide ideators and suicide attempters (N=40) were compared on the Beck Depression Inventory, the Hopelessness Scale, the Dysfunctional Attitude Scale, and the Irrational Beliefs Test. Subjects were also administered the Scale for Suicide Ideation, a structured interview designed to quantify severity of suicidal thinking. Results revealed no significant differences in depression, hopelessness, or dysfunctional attitudes; the only significant difference occurred on 1 of 10 subscales measuring irrational beliefs. Trends suggest that larger group sizes might have produced findings of greater, rather than less, irrationality among ideators relative to attempters. These findings run contrary to the notion that a continuum of severity exists between ideators and attempters, with ideation representing a less severe form of cognitive disturbance than suicidal behavior. Instead, these results support the notion that ideators should be treated as potential suicide attempters. (Author/NB)

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Cognitive Characteristics of Suicide Ideators and Attempters

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Cognitive Characteristics of

Suicide Ideators and Attempters

Abstract

Suicide ideators and suicide attempters (N=40) were compared on measures of dysfunctional attitudes and irrational beliefs. Results revealed no significant differences in depression, hopelessness, or dysfunctional attitudes; the only significant difference occurred on one of ten subscales measuring irrational beliefs. Surprisingly, trends suggested that larger group sizes might have produced findings of greater, rather than less, irrationality among ideators relative to attempters. Findings were interpreted in terms of a process view of suicidal thinking and behavior.

Cognitive Characteristics of

Suicide Ideators and Attempters

Epidemiological studies have shown that suicidal thinking and behavior are not unusual phenomena. Linehan and colleagues report findings indicating that as much as 67% of the general population has considered suicide and that perhaps 16% has made an actual attempt (Linehan, Goodstein, Neilsen, and Chiles, 1983). Suicidal individuals thus are among the most common, and perhaps the most stressful (Farber, 1983; Deutsch, 1984), of the practicing therapist's clientele. In keeping with the concept of treatment specificity (Lazarus, 1984; Ellis, 1986), it is important that treatment planning be predicated upon as complete an understanding as possible of the suicidal patient's unique characteristics. Since past studies have shown that these individuals do not constitute a homogeneous population, (Hankoff, 1979; Patsiokas, Clum, and Luscomb, 1979) competent treatment may require recognition of differences between subtypes of suicidal patients.

It is a relatively common observation that individuals who attempt suicide are not necessarily from the same population as those who complete suicide (Stengel, 1961; Berman, 1975). The modal attempter differs from the modal completer on a number of variables, including age, gender, and method of self-inflicted harm. However, similar comparisons have not been reported between attempters and individuals who voice thoughts of suicide but make no overt attempt (suicide "threateners" or "ideators"). Since therapists are commonly required to deal with both categories of persons, it is therapeutically relevant to ask whether such individuals should be approached differently. In other words, are patients who "talk about it" different from those who act on their ideations? One might predict, for example, that many therapists would judge the option of suicide to be a more urgent topic for discussion in treating a patient with a history of suicidal behavior than in treating one with suicidal thoughts only. This study sought to address this issue by comparing suicide attempters and ideators on several cognitive measures, derived from Beck's (Beck, Rush, Emery, and Shaw, 1979) and Ellis' (1962) cognitive theories of emotional disturbance and therapy.

Method

Subjects

Subjects were referred from an acute care psychiatric unit in a medical center hospital as part of a larger study on cognition and suicidal behavior (Ellis and Ratliff, in press). Patients were considered candidates for the study if they were between 18 and 65 years of age and were free from mental

retardation, psychosis, organic brain dysfunction, or reading difficulties. The "attempter" group consisted of 20 individuals who had been admitted to the unit because of a voluntary, self-injurious act. The "ideator" group consisted of 20 patients whose admission history included serious consideration of suicide at the time of admission. The groups did not differ with respect to age, education, or gender.

Procedure and Instruments

All subjects completed the Beck Depression Inventory (BDI; Beck, 1967), the Hopelessness Scale (HS; Beck, Weissman, Lester, & Trexler, 1974), the Dysfunctional Attitude Scale (DAS; Weissman, 1980), and the Irrational Beliefs Test (IBT; Jones, 1969). They also were administered the Scale for Suicide Ideation (SSI), a structured interview designed to quantify severity of suicidal thinking (Beck, Kovacs, and Weissman, 1979).

Results

Means and standard deviations for all measures are presented in Table 1. Multivariate analysis of variance (MANOVA) on the BDI, HS, DAS, and IBT composite score failed to produce a significant difference ($F=1.79$, $p<.154$), as did all univariate ANOVAs on the separate measures. A MANOVA with the ten IBT subscales also failed to disprove the null hypothesis ($F=.763$, $p<.662$). Univariate analysis of variance (ANOVA) with each of the IBT subscales resulted in a significant difference only on subscale 4 (Frustration Reactive; $F=5.21$, $p<.028$), indicating relatively more maladjustment among ideators.

While groups also did not differ significantly on measures of suicidal ideation for either the most severe point of the crisis or at the time of the interview, it is noteworthy that attempters showed a greater drop in suicidal thinking between the peak of the crisis and the time of the interview than did ideators (Figure 1; groups did not differ significantly with respect to average time elapsed between admission and testing). Suicidal ideation scores for attempters fell an average of 21.8 points, whereas scores for ideators dropped only 15.8 points ($t=2.50$, $p<.017$).

Discussion

Suicide ideators appear quite similar from a cognitive standpoint to suicide attempters, supporting the notion that individuals who "threaten" suicide should be treated as potential suicide attempters. Differences previously found between attempters and nonsuicidal controls (e.g., Patsiokas, Clum, and Luscomb, 1979) might therefore be expected to occur also between suicide ideators and nonsuicidal persons.

These findings run contrary to the notion that a continuum of severity exists between ideators and attempters, with suicide ideation representing a less severe form of cognitive disturbance than suicidal behavior. Indeed, examination of group means from this study reveals an unexpected finding -- ideators actually tended to score higher (i.e., more "irrational") on most measures than attempters. The one significant difference showed ideators to manifest greater difficulty tolerating frustration than attempters, and significant differences in the same direction might have been obtained on other measures if group sizes had been larger.

While such a finding might at first seem counter-intuitive, it is consistent with our finding that ideators "lost" less of their suicidality than attempters following hospital admission. Rather than representing different populations, these two groups may represent different points in a process. Several authors have described a kind of relief produced by a suicide attempt; explanations for this seemingly "therapeutic" effect have included relief for having survived the attempt (Menninger, 1938), catharsis (Menninger, 1938; Stengel, 1961), and rallying of support systems (Stengel, 1961).

In any case, any therapeutic effect from a suicide attempt appears transitory. Post hoc analysis of these data revealed a significant positive correlation between hopelessness and time elapsed since the attempt ($r=.44$, $p<.01$), suggesting that no lasting changes in the attempter's situation or view of the world occur following such attempts. Additional research may add to our understanding of suicidal behavior and facilitate the development of treatments designed to produce less fleeting improvement in outlook for suicidal patients.

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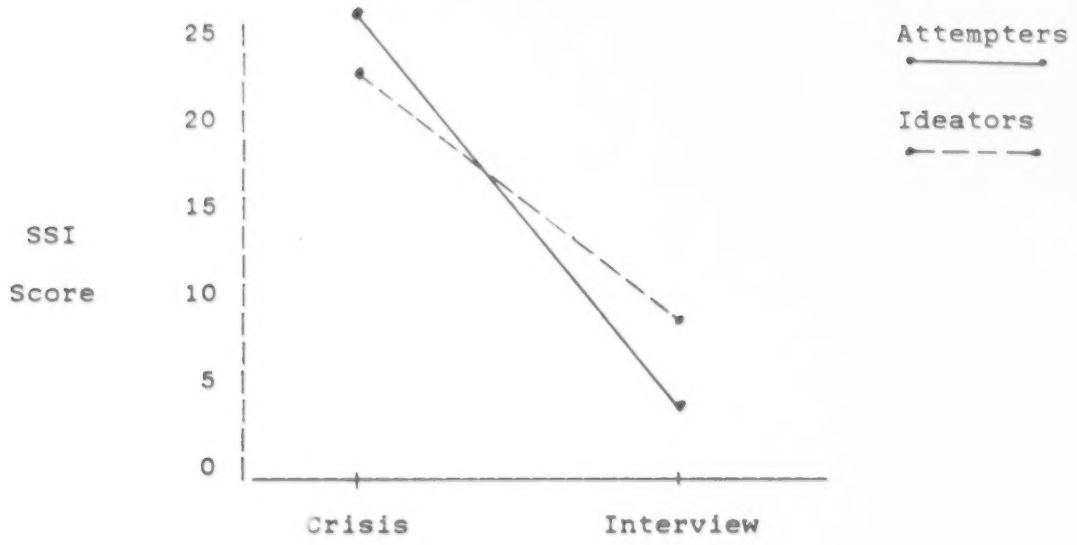
Table 1: Means and Standard Deviations for Dependent Measures

	Attempters		Ideators	
Measure	Mean	Std Dev	Mean	Std Dev
BDI	21.5	16.1	22.7	13.2
HS	7.2	7.0	10.3	7.5
IBT Composite	302.0	28.3	321.2	34.9
DAS	130.5	32.5	149.4	42.0
IBT Subscales:				
Need for Approval	29.8	6.9	34.8	10.7
High Self-expec.	31.5	6.4	35.2	8.2
Blame Proneness	29.0	5.6	30.6	4.2
Frustration Reac.	31.2*	6.2	35.4*	5.3
Emotional Irresp.	29.4	5.6	30.2	7.0
Anxious Overconcern	34.6	6.5	36.6	6.7
Problem Avoidance	29.9	7.1	30.8	6.6
Dependency	28.8	3.8	28.0	5.9
Helplessness	30.4	6.2	33.5	6.1
Perfectionism	27.3	5.9	26.2	5.7
SSI (Crisis)	25.6	5.5	23.2	6.4
SSI (Interview)	3.8	5.0	7.3	7.4

Note:
BDI = Beck Depression Inventory
HS = Hopelessness Scale
IBT = Irrational Beliefs Test
DAS = Dysfunctional Attitude Scale
SSI = Scale for Suicidal Ideation

*F=5.21, p<0.028

Figure 1: Changes in Suicidal Ideation



Average decrease over time in suicidal thinking:

Attempters -- 21.8
Ideators -- 15.8

t=2.50; p<.017

SSI=Scale for Suicidal Ideation